Duval County Epidemiology Surveillance Report

The Florida Department of Health (FDOH) in Duval County, Epidemiology

June 2014

Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community- based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
  - Notifiable diseases
  - Outbreaks

Report Summary – June 2014

The month of June included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Enteric disease activity is continuing to increase. DOH in Duval continues to observe low levels of respiratory viruses circulating in the county.

CDC information on nationwide pertussis trends is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes the recent rise of Pertussis cases both nationally and in Duval County.

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Notable Investigation of the Month

A total of seventeen cases of Pertussis were reported to DOH-Duval Epidemiology in June 2014, thirteen cases are PCR laboratory confirmed and four probable. The month of June has had the highest incidence of Pertussis cases seen in Duval County; the last spike was in July 2012 with fourteen cases. Of the 30 cases to occur in Duval in 2014, 56.6% have occurred in the month of June.

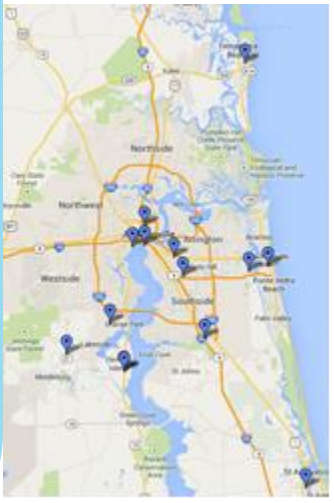
In 2013, there were 36 reported cases of Pertussis for the entire year, 39 cases in 2012, and 24 cases in 2011. Interestingly enough, there were zero reported cases of Pertussis in Duval County for the month of June 2013.

Nationwide, about 50% of states are reporting increasing levels of the disease. Pertussis has a cyclical pattern which tends to peak every three to five years, the last national peak of cases occurred in 2012. From January 1-June 16, 2014, 9,964 cases of pertussis have been reported to CDC by 50 states and Washington, D.C.; this represents a 24% increase compared with the same time period in 2013. For the state of Florida from January 1- June 30, 2013, 272 cases of Pertussis were reported. For the same time period in 2014, 411 cases of Pertussis have been reported.

The best way to prevent Pertussis is vaccination. The nationwide increase in cases serves as an important reminder of the necessity to vaccinate both children and adults especially to provide a safe atmosphere for those too young or ineligible for vaccination.

Nationwide pertussis trend information can be found on page 7.

Figure 1: ESSENCE Hospitals



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Enteric Disease Overview

Summary

Reported cases of salmonellosis, shigellosis, and campylobacteriosis continued to increase in June (Figure 2). Twenty-nine (29) cases of salmonellosis were reported in June, which is less than the expected number (Figure 2&4). The mean number of cases for the same time period during the previous five years was 33.8 cases. The most represented age group of reported cases of salmonellosis for 2014 (40/99, 40.0%) occurred in the 0-4 age group. Reported cases (7) of shigellosis continued to increase in June (Figure 2&5). The mean number of cases for the same time period during the previous five years was 21.4 cases for June.

Reported norovirus activity is low in Florida. During June, two outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. One of the outbreaks was associated with a summer camp. No outbreaks of confirmed norovirus were reported in Duval County during June. No gastroenteritis outbreaks have been reported so far in July (Source: EpiCom & FDOH in Duval surveillance).

For prevention information, visit http://www.cdc.gov/norovirus/ & http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2011 – June 2014

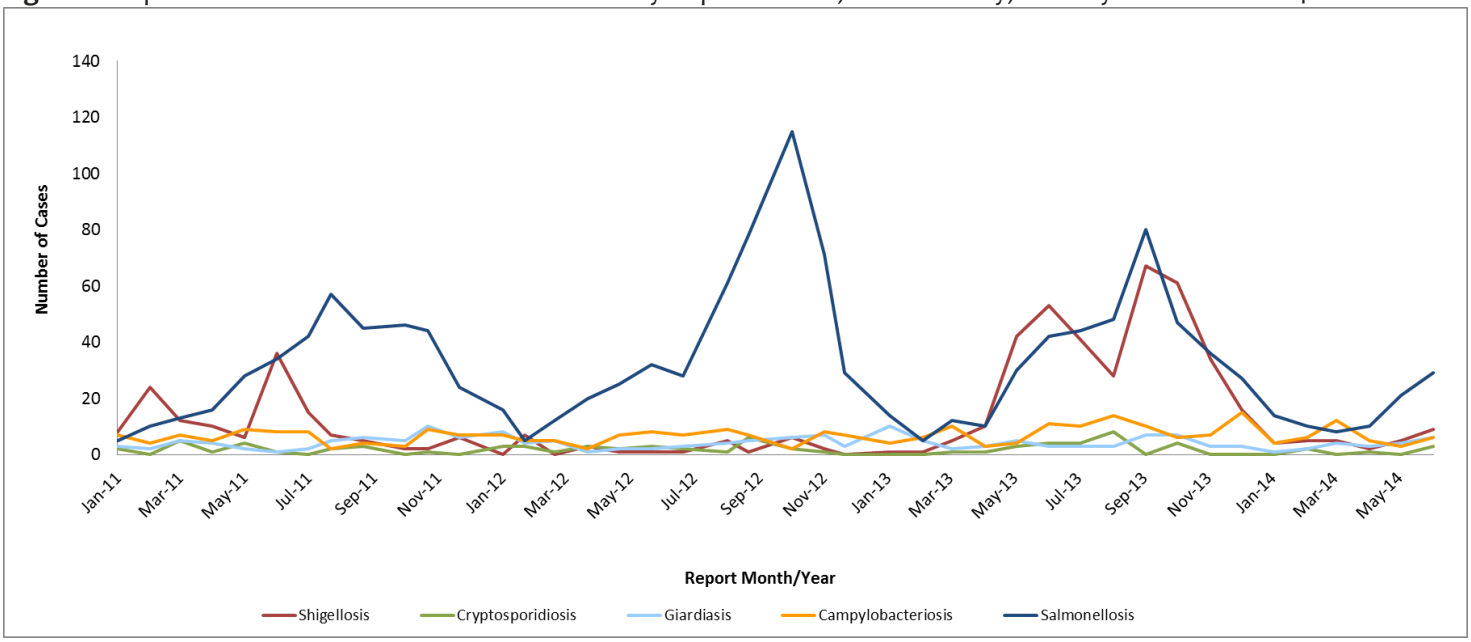
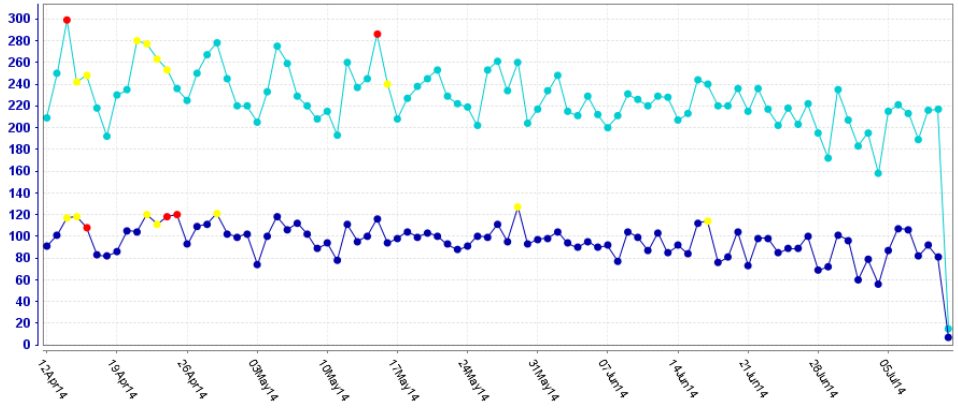


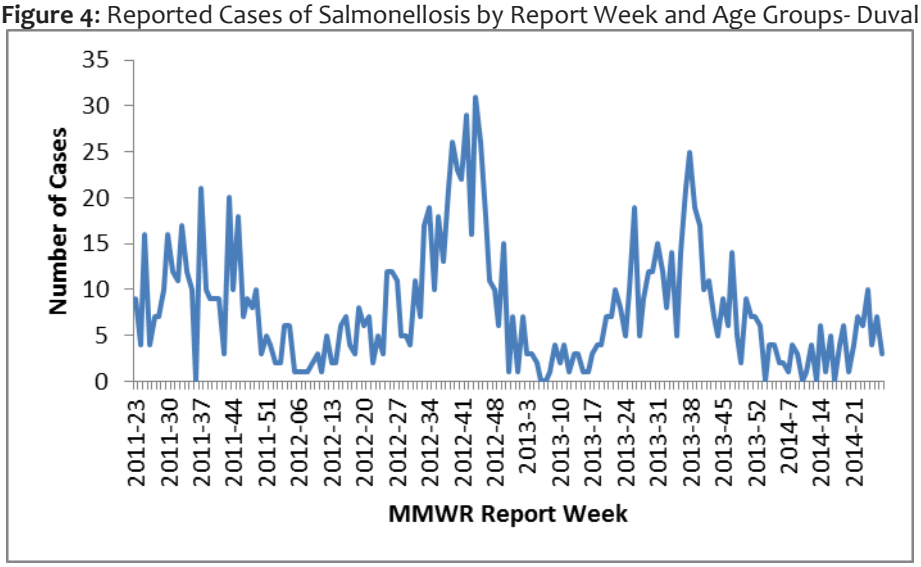
Figure 3: ESSENCE ED Visits For Nausea, Vomiting and Diarrhea Duval vs. NE Florida Region, April 12, 2014-July 11, 2014



The graph represents the number of people reporting to a Duval County Emergency department with nausea, vomiting or diarrhea (blue line), versus those reporting to an emergency department in the North East Florida Region with the same symptoms. NE Florida counties include Baker, Clay, Duval, Flagler, Nassau, St. James and Volusia Counties (aqua line). The yellow dots represent a warning in the increase in cases, the red represents an alert.

Enteric Disease Overview Continued

Figure 4: Reported Cases of Salmonellosis by Report Week and Age Groups- Duval County – June 2011 – June 2014



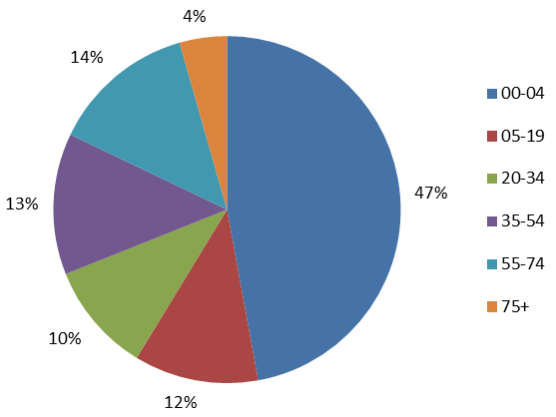
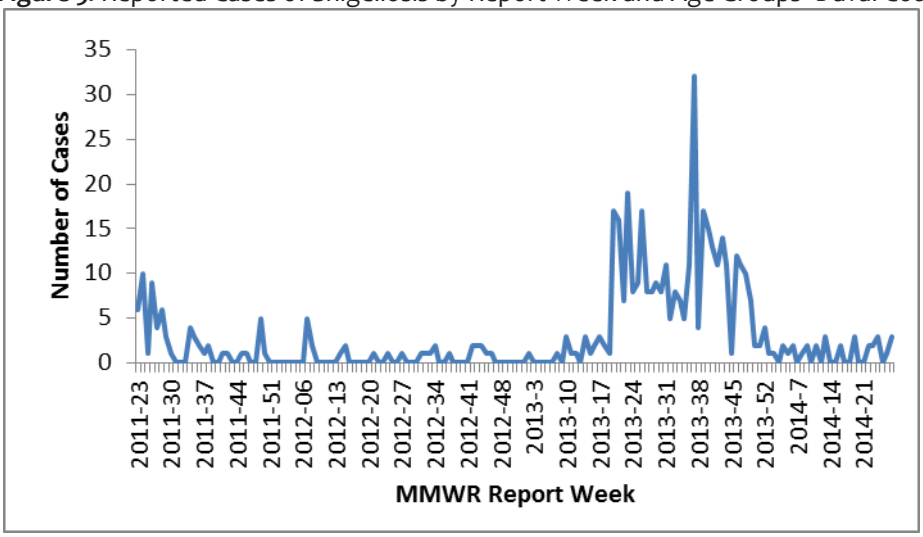


Figure 5: Reported Cases of Shigellosis by Report Week and Age Groups- Duval County - June 2011 – June 2014



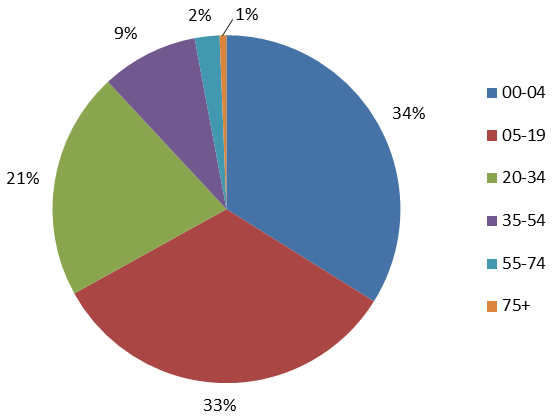
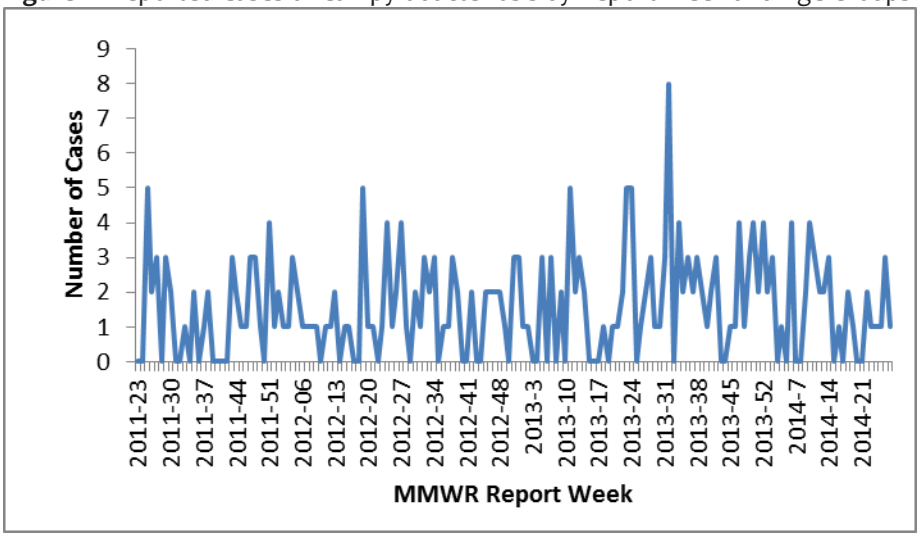
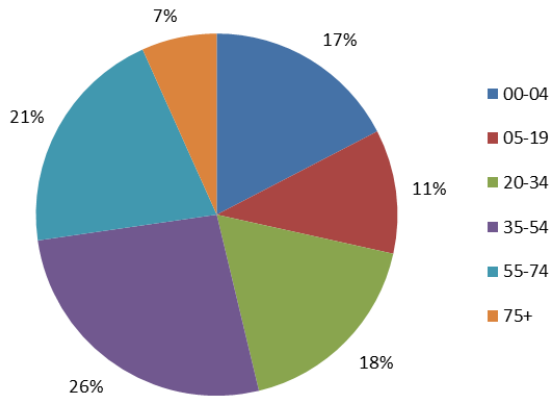


Figure 6: Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County - June 2011 – June 2014





Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a low level. In Duval County, ED visits for ILI as monitored through ESSENCE decreased below 2% for weeks 12-23 (Figure 7), and has remained below 1% for weeks 24-27. During June, one (1) specimen tested positive for influenza B, unspecified as tested by the Bureau of Public Health Laboratories (BPHL). One (1) influenza A, unspecified was detected using rapid antigen testing during June (as reported through Electronic Lab Reporting (ELR), (Figure 8)). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, human metapneumovirus, and respiratory syncytial virus (RSV). Comprehensive Statewide Influenza Surveillance: http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html

Figure 7: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)

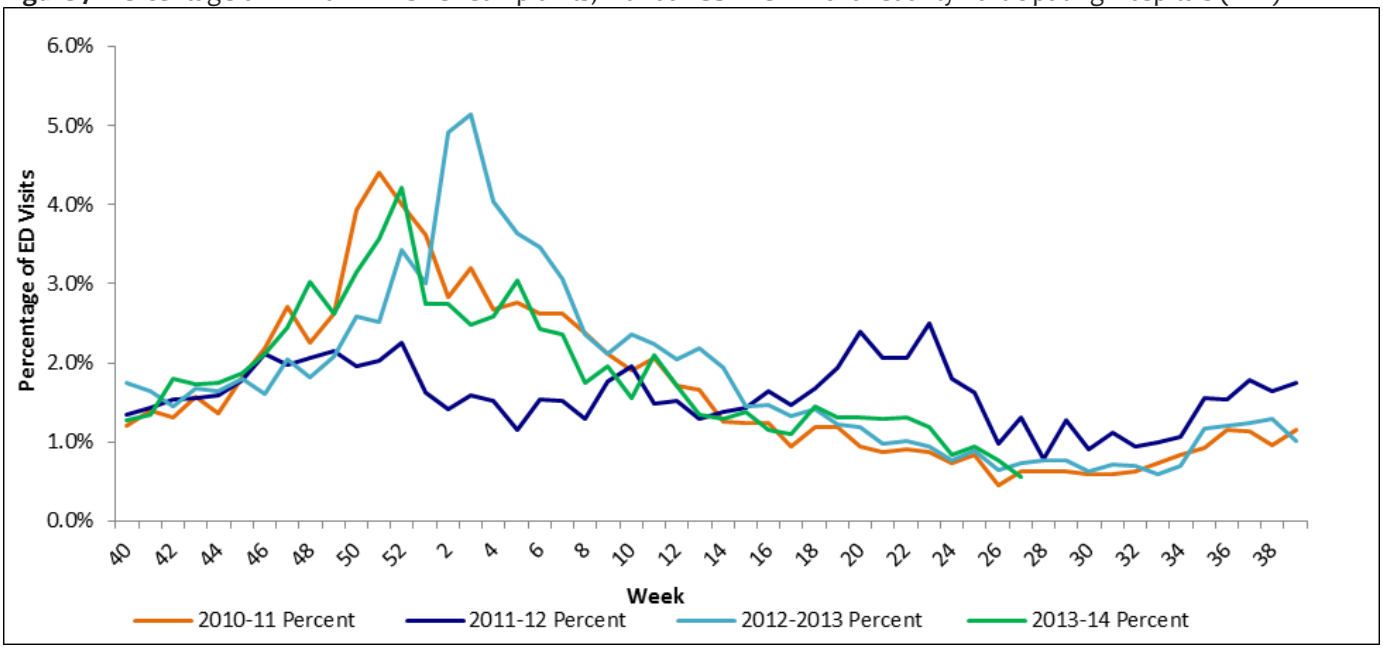
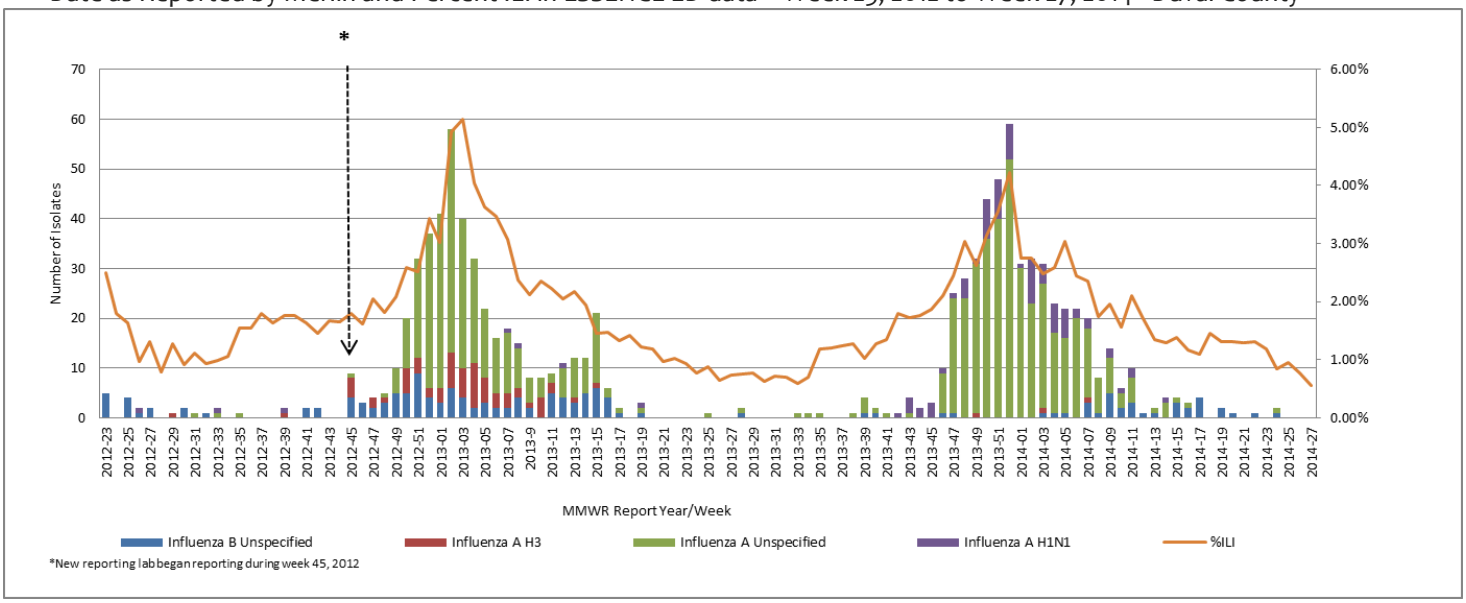


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 23, 2012 to Week 27, 2014 - Duval County



Respiratory Virus Surveillance (Local Hospital Data)

Summary

There was one reported case of influenza A during the month of June and one reported case of influenza B. RSV continues to circulate on a low level. RSV season for the North Region of Florida traditionally runs from September to March. The percent positive for influenza reported by local hospital data is 0% (0/120) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of June was 2.99% (5/167) (Figure11). In May, the percent positive for influenza was 1.75% and for RSV was .95%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 1/20/2014-6/21/2014

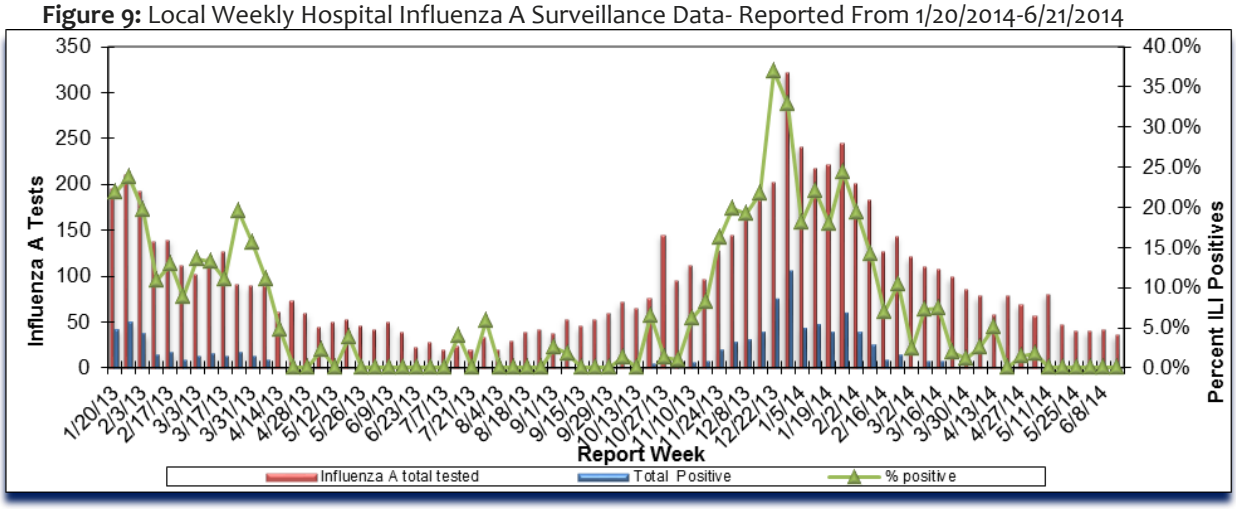


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 1/20/2014-6/21/2014

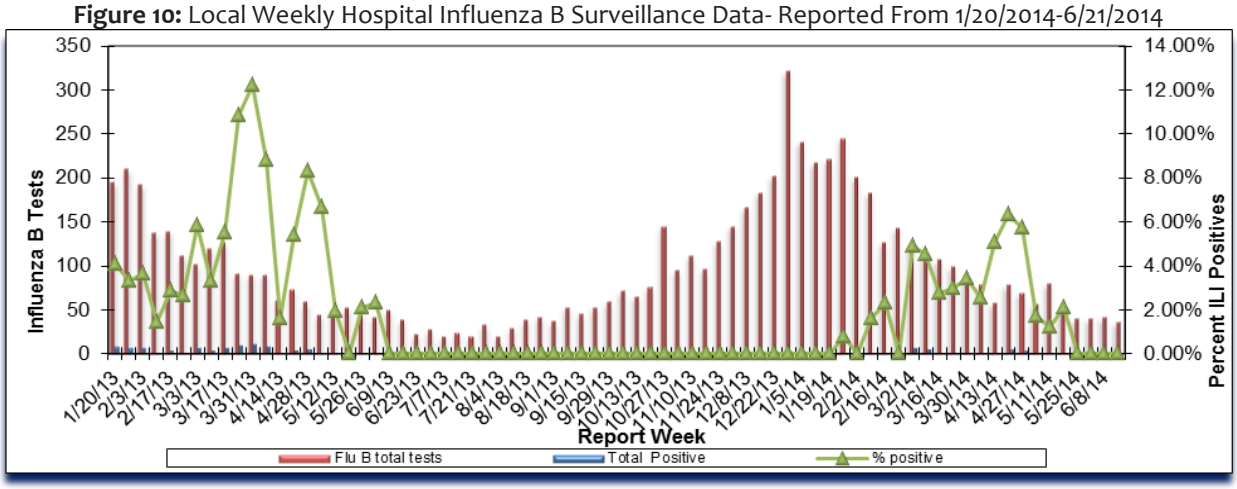
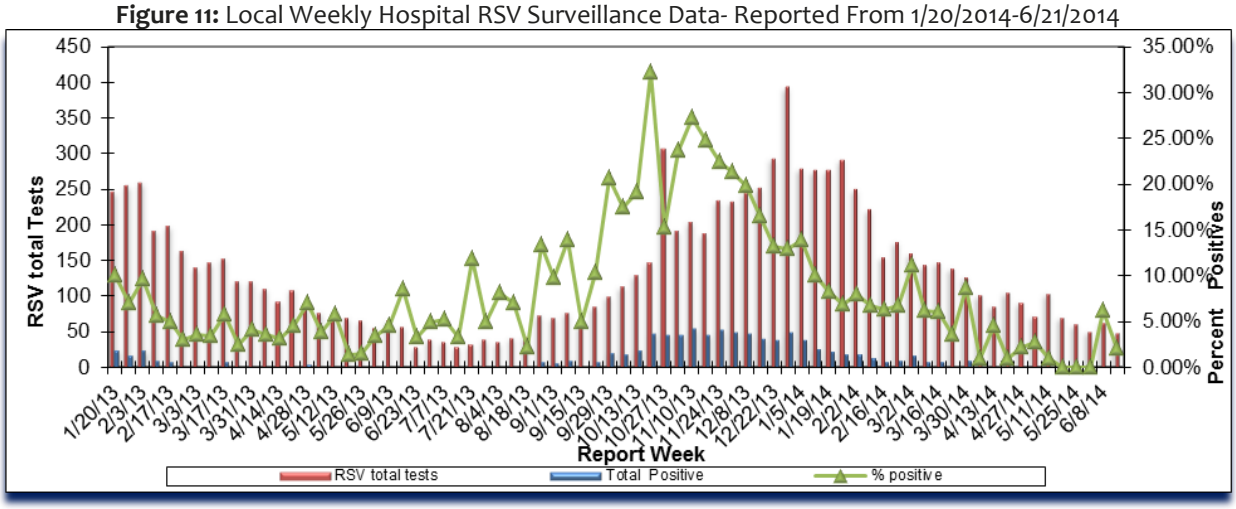


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 1/20/2014-6/21/2014



Florida Mosquito-Borne Disease Summary

Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV), California Encephalitis Group Viruses (CEV) and chikungunya virus (CHIKV). Malaria, a non-viral mosquito-borne disease is also included.

Figure 12: Florida Arbovirus Surveillance (June 29- July 5, 2014)

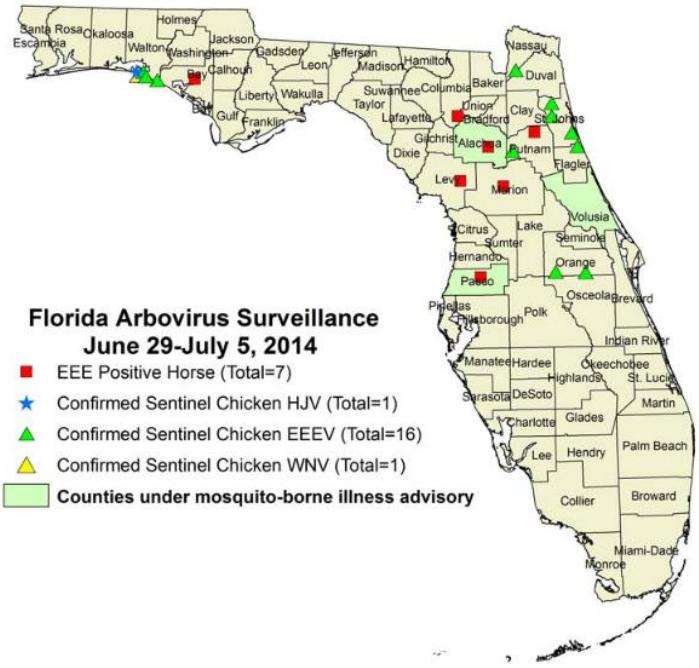


Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through July 5, 2014)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	-	-	6	-
St. Louis Encephalitis Virus	-	-	9	-
Highlands J Virus	-	-	11	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	1	21	77	-

International Travel-Associated Dengue Fever Cases: Twenty-four cases of dengue with onset in 2014 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Bolivia, Brazil (2), Caribbean, Cuba (8), Dominican Republic (4), Guadeloupe, Honduras, Puerto Rico (3), Trinidad, and Venezuela (2). Counties reporting cases were: Alachua, Broward (2), Clay, Hillsborough (3), Marion, Miami-Dade (10), Orange, Osceola (3), Pinellas, and Seminole. Four of the cases were reported in non-Florida residents. In 2014, 16 of the 24 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

International Travel-Associated Chikungunya Fever Cases: Sixty-six cases of chikungunya with onset in 2014 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Dominica, Dominican Republic (13), Haiti (50), and Martinique (2). Counties reporting cases were: Brevard, Broward (15), Charlotte, Clay (2), Duval (2), Flagler, Hillsborough (3), Lake, Lee, Leon (2), Miami-Dade (9), Orange (6), Osceola (4), Palm Beach (10), Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Lucie, and Volusia. Eight of the cases were reported in non-Florida residents.

International Travel-Associated Malaria Cases: Twenty cases of malaria with onset in 2014 have been reported. Countries of origin were: Angola, Dominican Republic, Equatorial New Guinea (2), Ghana, Guatemala, Guyana, India, Ivory Coast (2), Kenya, Nigeria, Sierra Leone (4), Sudan, Uganda (2), and multiple sub-Saharan African countries (1). Counties reporting cases were: Broward (4), Duval, Escambia, Hernando, Hillsborough (3), Miami-Dade (3), Okaloosa, Orange (2), Osceola, Palm Beach, Pasco, and Santa Rosa. Two of the cases were reported in non-Florida residents. Fourteen cases (70%) were diagnosed with Plasmodium falciparum. Four cases (20%) were diagnosed with Plasmodium vivax. One case (5%) was diagnosed with Plasmodium malariae. One case (5%) was diagnosed with Plasmodium ovale.

Resources *See the following web site for more information:* http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html

Other notable trends and statistics

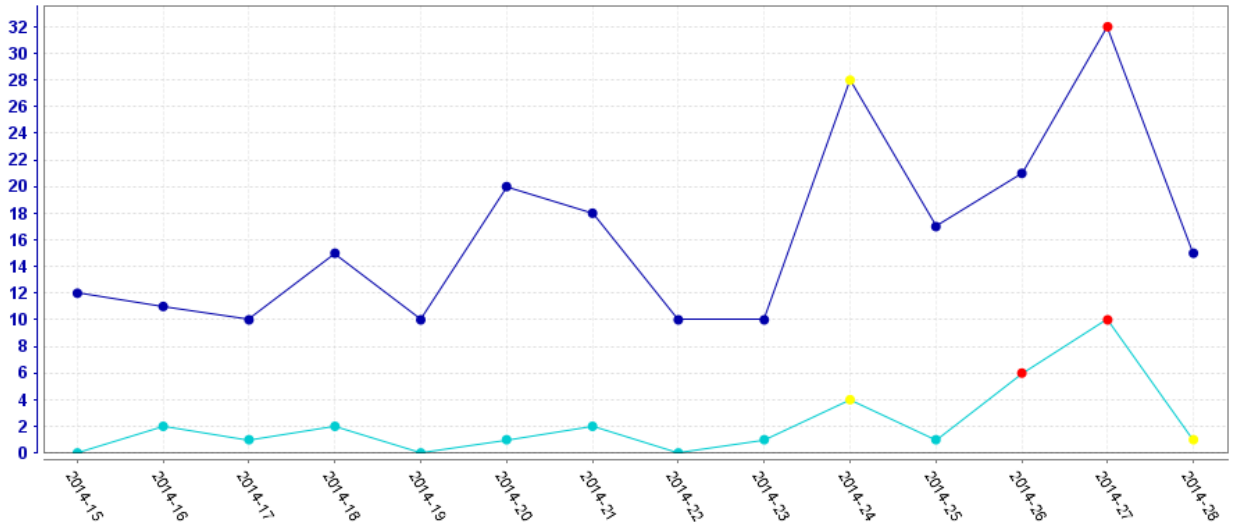
Notable Trends and Statistics- Nationwide Pertussis Trends:

During 2012, 48,277 cases of pertussis were reported to CDC, including 20 pertussis-related deaths. The majority of deaths occurred among infants younger than 3 months of age. The incidence rate of pertussis among infants exceeded that of all other age groups. The second highest rates of disease were observed in children 7 through 10 years old. Rates increased in adolescents 13 and 14 years of age.

Overall reporting of pertussis declined during 2013. While 13 states and Washington, D.C. reported an increase in pertussis cases compared with 2012, the majority of states reported fewer cases in 2013. As of December 31, 2013, 24, 231 cases of pertussis were reported to CDC, and this number is expected to increase as case counts are reconciled. Age-incidence trends observed during 2013 were similar to those in 2012. Increased rates were again observed in adolescents 13 and 14 years of age, as well as in 15 year olds.

Since there is a lag in reporting to CDC, the most up-to-date information for states and territories is available from local health departments. Final 2013 reported cases are expected to be published by September 2014. (Source: CDC.gov)

Figure 13: Duval County (aqua) and Florida State (blue) Pertussis Cases by Week April 2014- July 2014



Tuberculosis (TB) Surveillance – Duval County - 1/1/2014 through 6/30/2014 – All Data are Provisional

Fifty-three (53) cases of TB were reported by Duval County in 2013.

Table 2: Demographics and risk factors of TB cases reported year-to-date for 2014.

	Count	Total Cases	Percent
Gender			
Male	12	20	60.0%
Female	8	20	40.0%
Country of Origin			
U.S.	15	20	75.0%
Non-U.S.	5	20	25.0%
Age Group			
0-9	1	20	5.0%
10-19	0	20	0.0%
20-29	2	20	10.0%
30-39	3	20	15.0%
40-49	6	20	30.0%
50-59	3	20	15.0%
≥ 60	5	20	25.0%

	Count	Total Cases	Percent
Risk Factors			
Excess alcohol use within past year	2	20	10.0%
HIV co-infection*	1	20	5.0%
Injected drug use within past year	0	20	0.0%
Homeless	2	20	10.0%
Incarcerated at diagnosis	1	20	5.0%
Unemployed	14	20	70.0%
Ethnicity			
Asian	2	20	10.0%
Black	15	20	75.0%
White	3	20	15.0%
Hispanic**	1	20	5.0%
Drug Resistance			
Resistant to isoniazid	1	20	5.0%

* 2 people have not been offered HIV testing at the time of this report

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, June 2014

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
A. Vaccine Preventable Diseases												
Diphtheria	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Measles	**0**	0	0.2	0	0	0	**0**	0	0.4	0	0	8
Mumps	**0**	0	0	0	0	0	**0**	0	0.8	0	0	0
Pertussis	**17**	0	1.4	1	30	6	**92**	55	39.8	51	415	273
Rubella	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Tetanus	**0**	0	0	0	0	1	**0**	0	0	0	2	4
Varicella	**6**	9	3.8	3	24	30	**40**	42	58.4	51	320	383
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	**0**	0	0	0	0	0	**4**	1	2.2	1	12	11
H. influenzae (invasive)	**1**	1	0.6	1	11	16	**25**	30	22.2	21	178	166
Meningitis (bacterial, cryptococcal, mycotic)	**0**	2	1.8	2	10	9	**8**	15	17.2	15	72	74
Meningococcal Disease	**0**	0	0.2	0	2	0	**5**	4	4	4	26	36
Staphylococcus aureus (VISA, VRSA)	**1**	0	0	-	1	1	**2**	0	0	-	2	1
Streptococcus pneumoniae (invasive disease)												
Drug resistant	**0**	1	1	1	14	22	**23**	46	40.6	44	312	352
Drug susceptible	**1**	3	2	3	19	19	**26**	39	42.8	45	324	377
Streptococcal Disease, Group A, Invasive	**0**	2	1.8	2	8	5	**1**	19	21.2	19	184	151
C. Enteric Infections												
Campylobacteriosis	**6**	12	6.6	8	38	41	**195**	199	170.8	193	1101	921
Cryptosporidiosis	**3**	4	2.4	3	6	9	**76**	31	31	31	258	166
Cyclosporiasis	**0**	0	0	0	0	0	**2**	1	3.6	4	4	2
Escherichia coli, Shiga-toxin producing**	**1**	0	0.2	0	4	2	**13**	12	10	10	65	63
Giardiasis	**6**	3	4.6	3	20	32	**98**	64	116	89	522	496
Hemolytic Uremic Syndrome	**0**	0	0	0	0	0	**0**	2	1	1	4	3
Listeriosis	**0**	0	0.2	0	1	0	**2**	2	4.4	2	14	19
Salmonellosis	**29**	42	33.8	34	95	115	**462**	506	518.8	504	2064	2018
Shigellosis	**9**	53	21.4	16	30	112	**283**	89	163.8	114	1336	309
Typhoid Fever	**0**	0	0	0	0	1	**2**	1	0.6	1	10	4

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
D. Viral Hepatitis												
Hepatitis A	**0**	1	0.2	0	0	3	**6**	9	11.6	13	62	42
Hepatitis B +HBsAg in pregnant women	**3**	2	0.4	0	12	7	**38**	33	26	25	207	170
Hepatitis B, Acute	**6**	7	2.8	1	31	25	**45**	51	44	40	263	267
Hepatitis C, Acute	**2**	0	0	0	7	1	**14**	18	11.6	11	103	118
E. Vector Borne, Zoonoses												
Animal Rabies	**0**	0	0.6	1	0	1	**1**	1	5.2	6	43	44
Ciguatera	**0**	0	0	0	0	0	**7**	11	6.2	3	23	15
Dengue Fever	**0**	0	0	0	0	1	**1**	2	5.4	3	39	57
Eastern Equine Encephalitis††	**0**	0	0	0	0	0	**0**	0	0	0	1	2
Ehrlichiosis/Anaplasmosis¶¶	**0**	0	0.4	-	1	0	**7**	2	3.2	-	17	7
Leptospirosis	**0**	0	0	0	0	0	**0**	0	0	0	0	1
Lyme Disease	**0**	0	0.2	0	0	1	**6**	4	6.6	6	35	30
Malaria	**0**	0	0.6	0	1	1	**10**	6	7.8	8	30	30
St. Louis Encephalitis††	**0**	0	0	0	0	0	**0**	0	0	0	0	0
West Nile Virus††	**0**	0	0	0	0	0	**0**	0	0	0	1	0
F. Others												
Botulism-infant	**0**	0	0	0	0	0	**0**	0	0	0	0	1
Brucellosis	**1**	0	0	0	1	0	**1**	0	0.2	0	3	4
Carbon Monoxide Poisoning	**0**	11	2.2	0	1	11	**8**	14	10.4	13	70	75
Hansens Disease (Leprosy)	**0**	0	0	0	0	0	**0**	1	0.8	1	2	4
Legionellosis	**0**	0	0.4	0	6	6	**21**	27	15.4	14	136	94
Vibrios	**0**	1	1.2	-	1	5	**18**	19	14.8	-	60	60

***** Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2014 is provisional, may include non-Florida cases.

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

****** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for June 2014

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	8	89%	8	89%
Female	2	22%	2	22%
Race	**Area 4**	**%**	**Duval**	**%**
White	2	22%	2	22%
Black	8	89%	8	89%
Hispanic	0	0%	0	0%
Other	0	0%	0	0%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	0	0%	0	0%
20-24	4	44%	4	44%
25-29	2	22%	2	22%
30-39	2	11%	2	11%
40-49	2	22%	2	22%
50+	0	0%	0	0%
Total Cases	10		10	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	208	28%	175	30%
Female	525	72%	414	70%
Race	**Area 4**	**%**	**Duval**	**%**
White	202	28%	202	34%
Black	389	53%	359	61%
Hispanic	35	5%	65	11%
Other	107	15%	107	18%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	2	0%	1	0%
15-19	185	25%	145	25%
20-24	276	38%	224	38%
25-29	148	20%	121	21%
30-39	84	11%	66	11%
40-54	30	4%	26	4%
55+	8	1%	6	1%
Total Cases	733		589	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	134	47%	120	48%
Female	149	53%	132	52%
Race	**Area 4**	**%**	**Duval**	**%**
White	59	21%	44	17%
Black	185	65%	178	71%
Hispanic	10	4%	10	4%
Other	29	10%	20	8%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	2	1%	1	1%
15-19	53	19%	47	16%
20-24	105	37%	93	37%
25-29	56	20%	52	21%
30-39	50	18%	43	17%
40-54	14	5%	13	5%
55+	3	1%	3	1%
Total Cases	283		252	

Please note that STD numbers are provisional.

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

For more STD surveillance data see: http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/

Data Dictionary

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using http://www.floridacharts.com/merlin/freqrpt.asp.

Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the *Sentinel Provider Influenza Surveillance Program*): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILInet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (*MMWR*) disease incidence reporting and publishing. Values for *MMWR* week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 5, three in Clay, one in St Johns, and one in Nassau County, provide regional coverage. The 13 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Clay (Clay), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Vincent's (Duval), St. Vincent's Clay (Clay), and St. Vincent's Southside (Duval).

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:
Florida Department of Health, Bureau of Epidemiology http://www.doh.state.fl.us/disease_ctrl/epi/index.html
Florida Annual Morbidity Reports http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html
Influenza Surveillance Reports:
http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.html

Reportable Diseases/Conditions in Florida

Laboratory List (Practitioner Requirements Differ)

Effective June 4, 2014

Did you know that you are required* to report certain laboratory results to your county health department?

DOH-Duval Disease reporting telephone numbers:
AIDS, HIV - (904) 253-2989, (904) 253-2955
STD - (904) 253-2974, Fax - (904) 253-2601
TB Control - (904) 253-1070, Fax - (904) 253-1943
All Others- (904) 253-1850, Fax - (904) 253-1851, After Hours Emergency - (904) 434-6035

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
• Report next business day
+ Other reporting timeframe
✉ Submit isolate or specimen for confirmation

! Detection in one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance; agents suspected to be the cause of a cluster or outbreak

Arboviruses

- Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae ✉
- California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse) ✉
- Chikungunya virus
- Dengue virus ✉
- Eastern equine encephalitis virus ✉
- St. Louis encephalitis virus ✉
- West Nile virus ✉
- ! Venezuelan equine encephalitis virus ✉

General

- ☎ *Acanthamoeba* species
- *Anaplasma* species ✉
- Any bacterial or fungal species in CSF
- Arsenic results indicative of poisoning
- ! *Bacillus anthracis* ✉
- ☎ *Balamuthia mandrillaris*
- ☎ *Bordetella pertussis*
- *Borrelia burgdorferi*
- ☎ Brevetoxin associated with neurotoxic shellfish poisoning
- ! *Brucella* species ✉
- ! *Burkholderia mallei* ✉
- ! *Burkholderia pseudomallei* ✉
- *Campylobacter* species
- + Cancer, pathological or tissue diagnosis of cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors (see Rule 64D-3.034, *Florida Administrative Code*)
- Carbon monoxide, volume fraction ≥0.09 (9%) of carboxyhemoglobin in blood
- + CD-4 absolute count and percentage of total lymphocytes
- *Chlamydia trachomatis*
- *Chlamydophila psittaci* ✉
- CJD, 14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD
- ! *Clostridium botulinum* and botulinum toxin from food, wound or unspecified source ✉
- *Clostridium botulinum* and botulinum toxin from infants <12 months old ✉
- *Clostridium tetani*
- ! Coronavirus associated with severe acute respiratory disease ✉
- ! *Corynebacterium diphtheriae* ✉
- *Coxiella burnetii* ✉
- *Cryptosporidium* species
- *Cyclospora cayetanensis* ✉
- *Ehrlichia* species ✉
- *Escherichia coli*, Shiga toxin-producing ✉
- ! *Francisella tularensis* ✉
- *Giardia* species
- *Haemophilus ducreyi*
- ! *Haemophilus influenzae* isolated from a normally sterile site from children <5 years old ✉
- ☎ Hantavirus ✉
- ☎ Hepatitis A
- Hepatitis B, C, D, E, and G viruses
- Hepatitis B surface antigen (HBsAg)
- Herpes simplex virus (HSV) 1 and HSV 2 from children <12 years old
- + Human immunodeficiency virus (HIV) test results (e.g., positive and negative immunoassay, positive and negative virologic tests) from children <18 months old
- + HIV, repeatedly reactive enzyme immunoassay, followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.
- ☎ Influenza virus from children <18 years old who died (if known) ✉
- ! Influenza virus, novel or pandemic strain isolated from humans ✉
- *Klebsiella granulomatis*
- Lead, all blood results (positive and negative)
- *Legionella* species
- *Leptospira interrogans*
- ☎ *Listeria monocytogenes* ✉
- ! Measles virus ✉
- Mercury results indicative of poisoning
- Mumps virus
- *Mycobacterium leprae*
- *Mycobacterium tuberculosis* complex ✉
- ☎ *Naegleria fowleri*
- *Neisseria gonorrhoeae*
- ☎ *Neisseria meningitidis* isolated from a normally sterile site ✉
- Pesticide results indicative of related illness and injury
- *Plasmodium* species ✉
- ! Poliovirus ✉
- ! Rabies virus from animal or human
- ! Ricinine (from *Ricinus communis* castor beans) ✉
- ! *Rickettsia prowazekii* ✉
- *Rickettsia rickettsii* and other spotted fever *Rickettsia* species ✉
- ! Rubella virus ✉
- ☎ *Salmonella* serotype Typhi ✉
- *Salmonella* species
- Saxitoxin associated with paralytic shellfish poisoning
- Shiga toxin ✉
- *Shigella* species
- ☎ Staphylococcal enterotoxin B ✉
- ☎ *Staphylococcus aureus*, intermediate or full resistance to vancomycin (VISA, VRSA) ✉
- *Streptococcus pneumoniae* isolated from a normally sterile site from children <6 years old
- *Treponema pallidum*
- ☎ *Treponema pallidum* from pregnant women and neonates
- *Trichinella spiralis*
- ! Vaccinia virus ✉
- Varicella virus
- ! Variola virus (orthopox virus) ✉
- ☎ Yellow fever virus ✉
- ! *Yersinia pestis* ✉

Vibrio and related species

- ! *Vibrio cholerae* type O1 ✉
- *Vibrio* species excluding *Vibrio cholerae* type O1 ✉
- *Photobacterium damselae* (formerly *Vibrio damsela*) ✉
- *Grimontia hollisae* (formerly *Vibrio hollisae*) ✉

Viral hemorrhagic fever

- ! Viruses not listed that cause viral hemorrhagic fever ✉
- ! Arenaviruses (e.g., Lassa, Machupo, Lujo, new world) ✉
- ! Filoviruses (e.g., Ebola, Marburg) ✉

Only reportable for laboratories participating in electronic laboratory reporting (ELR)

- Antimicrobial susceptibility results for isolates from a normally sterile site for *Acinetobacter baumannii*, *Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*, and *Serratia* species
- *Haemophilus influenzae* isolated from a normally sterile site, all ages
- Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) and all liver function tests
- Human papillomavirus (HPV) DNA
- Influenza virus, all test results (positive and negative)
- Respiratory syncytial virus, all test results (positive and negative)
- *Staphylococcus aureus* isolated from a normally sterile site
- *Streptococcus pneumoniae* isolated from a normally sterile site, all ages

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."